

# HARRISON RECREATION

## KINDERGARTEN SOCCER PROGRAM

### 2016 KINDER KICKERS

#### WEST HARRISON PARK

The Harrison Recreation Department's goal is to create a fun and challenging environment where players have the ability to learn and play. Each Saturday skills will be demonstrated and practiced. Such skills include: dribbling, shooting, offense, defense and goal. Each session will end with a scrimmage. No team will be allowed to practice on their own. Our objective is fun, fun, fun and learn, learn, learn!

Dates are as follows:

September: 9/24, October: 10/1, 10/15, 10/22, and 10/29, and November: 11/5

Pictures will be held on Sept. 24<sup>th</sup>

Thursday, September 15<sup>th</sup> at West Harrison Senior Annex, Coaches Pick Teams – 6:00p.m.

(COACHES ONLY PLEASE)

\$55 Application Fee – Please mail or return to Sollazzo Center, 270 Harrison Ave, Harrison, NY 10528 or Leo Mintzer Center, 251 Underhill Avenue, West Harrison, NY 10604

Deadline is Wednesday, September 14<sup>th</sup> at 5:00 p.m. Applications received after deadline is subject to waiting list and a \$75 registration fee. Kindergartners must supply own #4 soccer ball, shin guards & black shorts. League will supply shirt and socks.

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**2016 KINDER KICKERS**

Player's Name \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Child Attends \_\_\_\_\_ Grade in Sept. 2016 \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Parent Harrison 2016 ID # \_\_\_\_\_ (required)

Health Insurance Company \_\_\_\_\_ No. \_\_\_\_\_

We, the parent's of \_\_\_\_\_ grant him/her permission to play in the Harrison Junior Soccer League. We release the Town/Village of Harrison, Recreation Department and related League personnel from any responsibility should any mishap occur.

Print Father's Name \_\_\_\_\_ Father's Signature \_\_\_\_\_

Print Mother's Name \_\_\_\_\_ Mother's Signature \_\_\_\_\_

Parents: I will volunteer as: Head Coach Yes No Name \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

(Please circle one)

Asst. Coach Yes No Name \_\_\_\_\_ Cell# \_\_\_\_\_

Email \_\_\_\_\_

Patron: \$25 Donation - Additional \_\_\_\_\_ Make checks payable to: Town/Village of Harrison  
Sponsor \$150 \_\_\_\_\_ Name of team for uniform \_\_\_\_\_

OFFICE USE ONLY: CHECK # \_\_\_\_\_ AMOUNT \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_